WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

FIN REQUEST FORM

please send completed MOHLTC form with all IVIG requests

Name	HC#	Reason for Visit	Ordering Provider	FIN

Please fax all completed forms to Medical Daycare at **519-985-2668**

FINS will be received within **2 business days** of request, if request is **urgent** please call and leave message for Medical Daycare clerk **after** request sent.

Please only send **one** form per day